JUN 1 9 2008 aew

10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOSSINS CLERK, U.S. DISTRICT COURT

IN FORMA PAUPERIS APPLICATION AND

FINANCIAL AFFIDAVIT

Dobek	Po 1e	(A)	cer 5555 W. Grandd/entra/CASE NUMBER 08 cer 5555 W. Grandd/entra/CASE NUMBER 08 englant(s) Liability of Supervisylybge Many HLEPS present at the Scene Individual off in 9-23-07 also which the was denied me	3C 01	98
of Albert	athe	D P	Just present at the Scene Individual of	Vicer TV	th immediate
	w nerev	er 🗀 is	included, please place an X into whichever box applies. Wherever the ans on than the space that is provided, attach one or more pages that refer to each	swer to any qu	iestion requires.
		the add	ditional information , Please PRINT:		
	(other	<i></i>	wayte To///ver, declare that I am the Aplaint) in the above-entitled case. This affidavit constitutes m	y application	n □ to proceed
		t full p	repayment of fees, or 🗀 in support of my motion for appointment of	counsel, or	□ both. I also
			am unable to pay the costs of these proceedings, and that I am entit/petition/motion/application/mo		_
			estions under penalty of perjury:	onomappear,	, ransworthe
	1.	I.D. #	vou currently incarcerated? MYes DNo (If "No 2007007 256) Name of prison or jail: Cook Cooureceive any payment from the institution? DYes DNo Month	ounty.	iall
	2.		ou currently employed? □Yes ☑No chly salary or wages: □ □ and address of employer: □ □		
		a.	If the answer is "No":		
		<u></u> a.	If the answer is "No": Date of last employment: Monthly salary or wages: Name and address of last employer:	,	
		a. b.	Date of last employment: Monthly salary or wages:		
	3.	b. Apar	Date of last employment: Monthly salary or wages: Name and address of last employer: Are you married? Spouse's monthly salary or wages:	from any of	the following

	b. ☐ Business, ☐ profession or ☐ other self-employment Amount Received by		X (No					
	c. □ Rent payments, □ interest or □ dividends Amount Received by	□Yes	X [No					
	d. ☐ Pensions, ☐ social security, ☐ annuities, ☐ life insurance compensation, ☐ unemployment, ☐ welfare, ☐ alimony or main							
	Amount Received by							
	e. [] Gifts or [] inheritances Amount Received by		ONIX					
	f. Any other sources (state source: Amount Received by		ΜŲΝο					
4.	Do you or anyone clse living at the same residence have more than savings accounts? If Yes No Total is not							
5.	Do you or anyone else living at the same residence own any stocks financial instruments? Property: In whose name held: Relationship to you:	□Yes	. Z ŽŅo					
6.	Do you or anyone else living at the same residence own any real condominiums, cooperatives, two-flats, three-flats, etc.)? Address of property: Type of property: Lip whose name held: Relationship to your	□Yes	Æίνο					
	In whose name held: Relationship to you: Amount of monthly mortgage or loan payments: Name of person making payments:							
7.	Do you or anyone else living at the same residence own any automobiles, boats, trailers, mobil homes or other items of personal property with a current market value of more than \$1000? □Yes N☑No							
	Property:		.ΣNο					
	Current value:							
	In whose name held: Relationship to you							
8.	List the persons who are dependent on you for support, state your relating indicate how much you contribute monthly to their support. If none, or							

Signature of Applicant

Dawayne To ///www

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named herein, Tollin	1612 Dawsyne, I.D.# 2007007.2569 has the sum of (name of institution) Cook County Dept of Corrections						
\$on account to his/her credit at	(name of institution) Cook County Dept of Corrections.						
I further certify that the applicant has the followi							
certify that during the past six months the applicant's average monthly deposit was \$_43.33							
(Add all deposits from all sources and then divid	<u>te</u> by number of months).						
06-05- 08 DATE	V. Butle-						
DATE	SIGNATURE OF AUTHORIZED OFFICER						
	V. Butler						
	(Print name)						



Managed Services Managed Better.

TRANSACTION REPORT Print Date: 06/10/2008

Inmate

TOLLIVER, DWAYNE A.

Balance:

\$0.03

Name: Inmate

20070072569

Number:

Inmate DOB: 9/24/1958

Stamp	Transaction	Amount.	Balance
04/09/2008	ORDER DEBIT	-9.44	0.03
04/02/2008	ORDER DEBIT	-18.20	9.47
04/02/2008	RELEASE FUNDS	-6.92	27.67
04/02/2008	RELEASE FUNDS	-8.65	34.59
03/28/2008	RELEASE FUNDS	-10.81	43.24
03/26/2008	ORDER DEBIT	-106.07	54.05
03/13/2008	RELEASE FUNDS	-40.03	160.12
03/12/2008	CREDIT	200.00	200.15
02/27/2008	ORDER DEBIT	-··0.34·	0.15
02/20/2008	ORDER DEBIT	-6.14	0.49
02/16/2008	RETURN CREDIT	1.65	6.63
02/13/2008	RELEASE FUNDS	-6.01	4.98
02/13/2008	RELEASE FUNDS	-1.40	10.99
02/13/2008	ORDER DEBIT	-27.70	12.39
02/07/2008	CREDIT	40.00	40.09
12/24/2007	ORDER DEBIT	-19.94	0.09
12/20/2007	CREDIT	20.00	20.03
11/18/2007	ORDER DEBIT	-0.78	0.03
11/13/2007	ORDER DEBIT	-19.19	0.81
11/08/2007	CREDIT	20.00	20.00

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